

# Integration of HCV treatment with harm reduction services Georgia HCV elimination program

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## NSP and OAMP in Georgia

- Estimated 50,000 active PWID (1.5% of the population aged 15-64) – IBSS 2022
- Needle and Syringe Program (NSP) sites – 11 cities and 9 mobile units
- HCV and HBV testing at all Georgia Harm Reduction Network sites and HCV viremia testing at 4 sites with GeneXpert
  - The number of PWID tested for Anti-HCV (24,866; 8% positive) and HBsAg (32,468; 2.2% positive)
- Opioid Agonist Maintenance Therapy (OAMT) Program has 22 sites
- 6 HR integrated HCV testing and treatment sites

# HCV prevalence changes from 2015 to 2021

*HCV elimination program started in 2015*

	Adults 2015	Adults 2021
Anti-HCV	7.7%	6.8%
<b>HCV RNA</b>	<b>5.4%</b>	<b>1.8%</b>
Anti-HBc	25.9%	22.6%
HBsAg	2.9%	2.7%

# Integrated Behavior and Biomarker Surveillance Survey (IBSS) among PWID

Screening results	2017	2022
Anti HCV	63.2%	58%
HBsAg	-	2.5%
Anti HIV	2.3%	0.9%

- High HCV reinfection rate (13%)
- 18.6% of PWID need HCV treatment
- Very low HBV vaccination rate, even among HCV treated individuals (7.5% reported being HBV vaccinated)
- Low willingness to get vaccinated
- Educational campaign and incentivized vaccination programs are needed to encourage PWID to get vaccinated

HCV RNA positivity	2022
HCV RNA positive among anti-HCV(+)	32%
HCV RNA positive among treated	13%

## HCV treatment integration in HR sites

- Simplified Algorithm of pre-treatment diagnostics
- Overall referral rate of patients from HR center to specialized clinics – 32%
- Integration of hepatitis C care with HR services is likely feasible
- it is highly acceptable for personnel providing HR services.
- Patient satisfaction rate is high
- Major challenge is complicated, non-standardized regulatory requirements of MOH for approval of treatment site

# Challenges

- Large inflow of new patients in OAMT programs created patients' management problems, long lines for getting a daily dose of methadone when take-home doses were not provided
- Opening of additional NSP integrated HCV treatment clinics was postponed, no integrated HCV treatment in OAMT
- Simplification of requirements for vaccination cabinets is necessary
- OAMT sites with large flow of clients should have GeneXpert and integrated treatment
- Need for innovative models – mobile NSP units, mobile OAMT sites

## New pilot projects

### To improve HCV treatment/HBV vaccination coverage

- Incentivized Peer Interventions to support hepatitis B vaccination among PWID in Georgia
  - *Coverage of hepatitis B vaccination in PWID is currently 7.5%*
- Improvement of HCV linkage to care through peer-centered interventions among PWID in Georgia